FORM PTO-1083

PATENT

Case Docket No. NIT-325

In RE application of

M. SHODA et al

erial No.:

10/073,291

Group Art Unit:

2652

led: February 13, 2002

Assistant Commissioner for Patents

Washington, D.C. 20231

Examiner:

R.S. Tupper

For: MAGNETIC DISC APPARATUS AND ITS FABRICATING METHOD

RECEIVED

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JUL 2 0 2004

Technology Center 2600

Sir:

Х

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

| (COL. 1) | | | | (COL. 2) | | (| (COL. 3) | |
|---|-------------------------------|----|-------|----------|---------------------------------------|---|------------------|--|
| | Clai Remai Afte Amen | | ining | | Highest No. Previously Paid For | | Present Extra | |
| Total | ٠ | 14 | Minus | •• | 20 | = | 0 | |
| Indep. | ٠ | 5 | Minus | ••• | 5 | = | 0 | |
| First Presentation of Multiple Dependent Claims | | | | | | | | |

CMALL ENTITY

OR

OR

| SWALL ENTIT | | | | | | |
|-------------|-------------------|--|--|--|--|--|
| Rate | Additional Fee | | | | | |
| × 9 | \$ | | | | | |
| × 42 | \$ | | | | | |
| + 140 | \$ | | | | | |
| Total | \$ | | | | | |

OTHER THAN A SMALL ENTITY

| Rate | Additional Fee | | |
|-------|-------------------|--|--|
| x 18 | \$ 0 | | |
| x 84 | \$ 0 | | |
| + 280 | \$ 0 | | |
| Total | \$ 0 | | |

If the entry in Col. 1 is less than the entry in Col. 2, write 'O' in Col. 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

| Please charge my Deposit Account | t No. 50-1417 | in the amount of \$ | • |
|--|-------------------|------------------------------|---|
| A chock in the amount of \$ Credit Card Payment Form | 420.00 - 2 EOT | _ is attached in payment of: | |

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

Х Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: July 12, 2004

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